

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/564,680

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	2		1			
3	3		1			
4	4		1			
5	5		1			
6	6		1			
7	7		1			
8	8		1			
9	9		1			
10	10		1			
11	11		1			
12	12		1			
13	13		1			
14	14		1			
15	15		1			
16	16		1			
17	17		1			
18	18		1			
19	19		1			
20	20		1			
21	21		1			
22	22		1			
23	23	8	1			
24	24		1			
25	25		1			
26	26					
27	27					
28	28					
29	29					
30	30					
31	31					
32	32					
33	33					
34	34					
35	35					
36	36					
37	37					
38	38					
39	39					
40	40					
41	41					
42	42					
43	43					
44	44					
45	45					
46	46					
47	47					
48	48					
49	49					
50	50					
TOTAL IND.			2			
TOTAL DEP.			25			
TOTAL CLAIMS			25			